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Commissioner for Patents, P.O. Box 1450  
Alexandria, VA 22313 on May 7, 2004.

AMENDMENT UNDER 37 C.F.R. § 1.111  
Examining Group 1634  
Patent Application  
Docket No. GEN-T111XC3D2  
Serial No. 09/901,484

Frank C. Eisenschenk, Ph.D., Patent Attorney

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Jeffrey Norman Fredman  
Art Unit : 1634  
Applicants : Daniel Cohen, Marta Blumenfeld, Ilya Chumakov, Lydie Bougueleret  
Serial No. : 09/901,484  
Filed : July 9, 2001  
Conf. No. : 6608  
For : Prostate Cancer Gene

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

AMENDMENT UNDER 37 C.F.R. § 1.111

Sir:

A Petition and Fee for a two-month Extension of Time through and including May 10, 2004, accompanies this Amendment.

In response to the Office Action dated December 8, 2003, please amend the above-identified patent application as follows:



AMENDMENT TRANSMITTAL LETTER			ATTORNEY'S DOCKET NO. GEN-T111XC3D2
SERIAL NO. 09/901,484	FILING DATE July 9, 2001	EXAMINER Jeffrey Norman Fredman	GROUP ART UNIT 1634
INVENTION Prostate Cancer Gene			

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.
- ☐ Applicant claims small entity status.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

(1)		(2)		(3)	SMALL ENTITY		<u>OR</u>	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	* 17	MINUS	** 20	0	\$ 9	\$0.00		\$18	\$ 0.00
INDEP.	* 7	MINUS	*** 4	3	\$43	\$0.00		\$86	\$258.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				0	\$145	\$0.00		\$290	\$ 0.00
					Total addit. fee	\$0.00	<u>OR</u>	Total addit. fee	\$258.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20."


\*\*\* If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."

The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

- ☒ Please charge my Deposit Account No. 19-0065 in the amount of \$ 258.00.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0065. Two additional copies of this Letter are enclosed.
  - ☒ Any additional filing fees required under 37 CFR 1.16.
  - ☒ Any patent application processing fees under 37 CFR 1.17.

May 7, 2004

(date)

  
(signature)  
Frank C. Eisenschenk, Ph.D., Reg. No. 45,332